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No treatise on obstetrics has ever received such high and universal commendation by the Medical Press of this country and of Europe. In matter and arrangement, in philosophic views, in elegance as well as eloquence of expression, there is no work in the English language on the same subject which, in our judgment, can compare with it. Dr. Bedford's former work on the "Diseases of Women and Children," which received the high honor of a translation into the French and German languages, had already placed him among the most successful authors in this department.

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We have read no work on this subject for many years with so much unalloyed pleasure and profit. The style is plain, fresh—swelling up from an exuberant fountain—compact. The whole book exhibits the careful preparation of the successful Teacher. The plan and arrangement of the work are at once comprehensive, systematic, complete—and fully posted to the existing state of the science.

## *From the Edinburgh Medical Journal.*

The work is so good and so far excels the generality of text-books on obstetrics, that we wish our readers to be impressed with a sense of its soundness, readableness, and worth. We can, therefore, give Dr. Bedford's volume no higher praise than to say it is remarkable among its contemporaries, for soundness in scientific views, readableness as a literary composition, and worthy as a guide of practice.

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## *From the Chicago Medical Journal.*

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## *From the Cincinnati Lancet and Observer.*

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Dr. Bedford has presented the profession with a very superior work, and we are deceived if we be not universally sustained in this opinion. It will be to the American practitioner an interesting as well as a profitable companion. As an American work we are proud of it, and most cordially recommend it as the Text-Book on Obstetrics.

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This book comes from a high source. Dr. Bedford stands before the profession with authority in his department. His work displays, as would be expected from such a source, a thorough acquaintance with the literature of the subject, past and present, down to the very latest expedients, and the extensive practical knowledge of a popular obstetrician.

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This book deals with accumulated facts, and profound generalizations, in which none but the clearest intellect, and the most critical observer can be perfectly at home in fulness of detail, lucidity of arrangement, and philosophical analysis. Dr. Bedford's volume will long stand as a model work, and will become the favorite text-book in the schools, as well as the most valued guide of the practitioner.

## Original Lectures.

### AMPUTATIONS IN GUNSHOT FRACTURES OF THE THIGH,

BEING REMARKS MADE AT THE MEETING OF  
THE SURGICAL SECTION OF THE N.Y. ACADEMY OF MEDICINE.

Held Nov. 27, 1868.

By E. KRACKOWIZER, M.D.,  
OF NEW YORK.

The patient I present, is twenty-one years old, and was wounded at the battle of Fredericksburg, Va., December 13, 1862. The ball struck the left thigh on its anterior aspect, a little below the middle, and taking an oblique upward and backward course, passed out not quite two inches below the gluteal fold, shattering the bone. He received no treatment looking to a coaptation of the fracture, except on the seventh day after the injury, when a couple of splints were applied to make his transportation to the steamboat, leaving Aquia Creek for Washington, easier. On the eighth day he was admitted in Mount Pleasant hospital. From what he describes there is no doubt that Dr. N. R. Smith's anterior splint was applied, and the limb swung up with a couple of cords. The treatment was simple, and although much troubled with diarrhoea, then so prevalent in our military hospitals, consolidation was so firm after three and a half months, that he could be discharged, his relatives receiving permission to take him to New York, where he arrived about the middle of April, 1863. I found him moderately emaciated and feverish, the diarrhoea still persisting. The thigh as well as the leg was greatly swollen, and the suppuration from both wounds was quite abundant. A very massive callus indicated the seat of the fracture between the middle and upper thirds. A probe, introduced through the anterior wound, struck dead bone immediately. April 18.—The anterior wound was enlarged, and an irregular fragment of the ball with some pieces of bone was removed. On probing with the finger some more dead bone was felt, around which the callus was fused, and situated nearer the posterior aspect of the thigh. So another incision was made, three inches long, reaching the callus between the biceps and semimembranosus muscles. By taking away liberally from the callus with the gnawing forceps, a complete canal was made through the callus, and some more necrosed splinters—fourteen altogether—the majority quite firmly encased, removed. The upper end of the lower fragment felt quite suspicious—like necrosed bone—but its removal almost necessitating the reproduction of the fracture, it was left. The condition of the patient some time after the operation caused me a great deal of anxiety. The diarrhoea was at times very rebellious, the appetite very varying. May 7.—Patient complained of pain in the chest, and the stethoscope detected friction-sound in the region of the heart. Happily no serous exudation in the pericardium followed, and the inflammation subsided after a few days under application of cold water compresses. About the same time the face became slightly buffed, and the chemical examination of the urine, which previously at irregular intervals had shown rich sediments of urates, detected albumen, the microscope casts and epithelium of the Belian tubes in different stages of fatty degeneration. Yet from the middle of June the condition of the patient took a better turn, and towards the end of July all the wounds had healed. He commenced to take exercise on crutches, first in the room, then in the open air. Aug. 19.—Coming home from a walk in one of the parks near his residence, he was taken with severe pain in the thigh, and at the same time with a chill, followed by a burning fever. The thigh became at once very swollen, and all the cicatrices opened, rapidly assuming the character of sloughing ulcers,

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discharging a moderate quantity of very fetid, thin sanies. I was looking forward for the expulsion of necrosed bone, or some other foreign substance, like a piece of dressing. But nothing came, nor could anything be detected with the probe. By diligent application and injection of a solution of permanganate of potassa, in three or four days the wounds assumed a healthy character, and cicatrized again. Twice since did they break again, but not near under so bad general as well as local symptoms. Since three weeks they are closed, and look as healthy as scars as any could be seen. There is nowhere any infiltration of the soft parts, the muscles being laterally movable over the callus, which is considerably diminished in bulk from what it was before the operation. There is lateral displacement of the fragments outwards, and the lower end of the upper fragment has a very well marked inclination backwards, a condition of things frequently observed by PROF. F. H. HAMILTON in complicated fractures of the thigh, when treated with Dr. N. R. SMITH's anterior splint. The shortening amounts to nearly two inches. There is still considerable stiffness of the knee, as well as of the ankle-joint. Patient wears a shoe with a sole two inches high. He can walk a few steps unsupported, but for locomotion relies mainly on crutches, by the aid of which he can take a walk of a mile or more, resting himself for a short time after a few blocks' travel. His general health is as good as ever.

In relation to the subject which occupies us this evening, Mr. Chairman, I have looked through the writings of the modern authors on military surgery in Germany. I will state briefly their views on the treatment of the gunshot fractures of the thigh.

FR. ESMARCH and L. STROHMEIER report thirty cases of gunshot fracture of the thigh, occurring during the Sleswick-Holstein war, from 1848-1851, treated on the conservative plan, of which fifteen recovered with more or less useful limbs. Strohmeier has the measurements of twelve out of these fifteen cases. The shortening was in one case five inches; in one case four inches; in four cases three inches; in five cases two inches; and in one case one inch. During the same time for the same injury 128 amputations of the thigh were made, of which only 51 recovered. So the statistics are decidedly in favor of the conservative treatment. It is to be regretted that no classification of the amputations is made, whether primary or secondary, nor in which portion of the thigh.

With the practice of the surgeons of the opposing Danish army I am not acquainted, but the inference is strong that they were guided by similar considerations, as after the peace five soldiers of the Sleswick-Holstein army were returned with useful limbs after gunshot fractures of the thigh (included in Strohmeier's and Esmarch's tables, they returning four such Danish soldiers).

During the Crimean war, as is well known, the experience of English as well as French surgeons, when attempting to save limbs with fractures of the thigh from gunshot, was so discouraging that *McLeod*, *Matthew*, and *Baudens* reject the conservative treatment. Of 174 soldiers and 20 officers of the English army with complicated fractures of the thigh in general, only 14 privates and 5 officers recovered. Yet they were not much more fortunate by attempting to save life by sacrificing the limb. Of 164 amputations of the thigh there are 107 fatal results. Of 39 amputated in the upper third 34 died.  
Of 65 " " middle " 39 "  
Of 60 " " lower " 34 "

*Herman Demme*, during the late Italian war, gives his experience with the Franco-Sardinian army as follows:—

#### GUNSHOT FRACTURES OF THE THIGH.

##### Conservative Treatment.

Upper third, 43 cases,	18 recoveries (42 p.c.)
Middle " 46 " 18 "	(39 p.c.)
Lower " 76 " 43 "	(56½ p.c.)
Total, 165 " 79 "	(50 p.c.)



Among the 79 recovered cases 20 limbs are pronounced as useless, or nearly useless, which, of course, does not affect the proportion of mortality between treatment by amputation and conservative surgery.

*Amputations of the Thigh in the Italian Hospitals.*

(No enumeration of primary and secondary amputations.)

Upper third,	109 amputations,	95 deaths,	(87 p.c.)
Middle "	158 "	114 "	(72 p.c.)
Lower "	125 "	77 "	(61½ p.c.)
Not stated,	39 "	35 "	(89½ p.c.)
Total,	431 "	321 "	(74½ p.c.)

If this tabular statement of *Demme* did not already show that French and Italian surgeons pursued a discriminating course in the treatment of gunshot fractures of the thigh, it would become apparent from an article of *Jules Ronz* in the *Gazette hebdomadaire*, May 11, 1860, wherein he reports in the *Hospital Saint Mandrier*, in *Toulouse*, 21 French soldiers returned from Italy with consolidated gunshot fractures of the upper half of the femur.

The experiences of Austrian surgeons during the same war have not been collected, as far as I know, but from the report of cases in one or two medical journals, edited in Vienna, it is evident that a selection of cases was made in which to attempt to save the limb and in which to amputate.

Altogether, I think there is no doubt that the views of almost all the modern military surgeons, on this Continent and in Europe, drift to the point that there are many gunshot fractures of the thigh in which amputation, as a life-saving practice, must be rejected, and in which the indication is more or less clearly defined to save the limb.

The conditions favorable for saving the limb, as laid down by *Strohmeyer* and *Esmarch* among the German writers, are these:—

1. The ball has passed through the limb.
2. Shortness of the track of the wound.
3. Position of the wound more on the outer half of the thigh, distant from the large vessels.
4. Splintering not very extensive.
5. Fracture not lower than a hand's breadth above the articular line of the knee-joint.
6. The most favorable condition is, if the ball did not pierce the parts; when there is little difference from a simple fracture.

Circumstances unfavorable for saving limb and life:—

1. The ball and other foreign substances remain in the neighborhood of the fracture.
2. The ball has taken a rather oblique direction to the axis of the bone, making a long wound track, causing more extensive splintering, and rendering the drainage of secretions difficult.
3. The wound-track is situated near the large vessels, or the probing with the finger gives evidence that several fragments have been thrown in the course of the large vessels. Danger from phlebitis, thrombosis, and pyæmia.
4. Extensive splintering, indicated by great deformity and shortening.
5. As regards life, the lesion is the graver the nearer the trunk.

Contra, *Larrey*, *Sen*, *Demme*, rejects amputation the higher up the fracture has taken place.

As regards treatment, the authors cited above concur in the following rules:—

1. The extraction of loose fragments and foreign substances ought to be made before the swelling commences, and, if possible, under chloroform. Splinters adherent should not be removed.
2. The first dressing should be made on the field, and, if possible, after the adjustment of the dislocation.
3. If the first dressing be well done, it ought not to be disturbed in the hospital, if the pain, dislocation, and swelling be moderate.
4. If no dressing on the field was made, the patients are

generally received in the hospitals with limbs so swollen and shortened that no permanent dressing can do any good.

5. The dilatation of the wound with the knife is only indicated if there be considerable serous infiltration, and closure of the wounds from swelling. But even then bleeding and ice are frequently preferable, because the enlargement of the wounds admits air and favors the increase of suppuration.

6. Enlargement of the wounds is absolutely necessary where there is bloody infiltration.

7. Where the serous infiltration forbids the application of permanent dressing, the patient ought to be put on a good mattress in Pott's position.

8. Only after the swelling begins to subside, a thing that sometimes may take weeks to occur, is it time to think of making a change of position.

9. No rule can be given how the limb ought to be put definitely. The best rule is, not to lay too great stress on having a good shape of the limb, but to look to saving life and gaining consolidation.

*Strohmeyer* and *Esmarch* are both opposed to primary resection.

In the first year of the Schleswig-Holstein war, when *Langenbeck* was Surgeon-General, under the influence of the teachings of *Baudens* (*Clinique des plaies d'armes à feu*, Paris, 1836), the removal of splinters, loose as well as adherent, and the resection of the sharp ends of the fragments, was resorted to as a rule. Of three resections in gunshot fracture of the thigh, all died. Although this is too small a number to make a deduction, yet the comparison with gunshot fractures of other long bones, treated by and without resection, speaks for the latter practice as preferable. *Strohmeyer*, who succeeded *Langenbeck* 1849, from what he had already seen in Baden 1848, inaugurated this method.

Although not strictly pertaining to the matter under discussion, it may be permitted, Mr. Chairman, to give the results of both practices in gunshot wounds of long bones, other than the femur.

*Arm.*—1848, 9 primary resections. 4 died, of the 5 living a couple retained a very crippled limb.

1849. No resections. 7 cases, 1 died.

1850. No resections. 25 cases, 4 died. Use of limb in the 21 cases recovered perfect, of which one case of extreme splintering from a canister shot.

*Forearm.*—1848, 6 cases; primary resection; healing very protracted.

1849. 7 cases. 1 primary resection. Result the same. In the other 6 cases healing very rapid.

1850. 41 cases. No interference. All recovered except one who died of cholera. In 6 cases both bones, in 16 the radius, in 18 the ulna was shattered, 1 case not stated.

*Leg.*—1848, and part of 1849, 13 cases (3, both bones; 7, the tibia; 3, the fibula). Primary resection, 7 died (2 tibia and fibula, 4 tibia, 1 fibula).

Other part of 1849 and 1850. 58 cases (8 tibia and fibula, 27 tibia, 23 fibula). No interference. 52 recovered with good limbs. Of six who died, in 1 tibia and fibula; in 2 the tibia; and in 3 the fibula was shattered.

THE French Mexican expedition furnishes an additional example of the freedom of the negro race from the diseases which in hot climates exert so devastating an effect upon whites. M. Reynaud, Inspector-General of the Marine Force in Mexico, addresses a letter to the Academy of Medicine, in which he states that the last epidemic of yellow fever exemplifies the above fact, just as did that of 1862. While the yellow fever produced great numbers of victims amongst the Europeans employed at Vera Cruz and the fort St. Jean d'Ulloa, not a single death from this cause occurred among more than 600 soldiers and sailors from the West Indies, almost all of them yet undergoing the most trying labor.

## Original Communications.

### SEVENTEEN ADDITIONAL CASES OF AMPUTATIONS FROM THE ARMIES OF THE SOUTH-WEST.

By JAMES BRYAN, SURGEON, U.S.V.

ON GENERAL GRANT'S STAFF.

THE following cases were collected in the early part of September last, in the hospitals of Memphis, Tenn., at leisure intervals, while attending to the duties of an Examining Board in that city. The original paper which contained these cases and others, to the number of thirty, was mailed at Memphis on the 8th of Sept., but has failed to reach its place of destination. The present article has been drawn up from some of the rough notes, remaining in my hands, belonging to the former article.

These cases are offered as a continuation of those published in the MED. TIMES on the 4th of July last. I have therefore continued the enumeration in order to connect the present with that list.

It will be observed, first, that these are all necessarily successful cases—the reports being made from two to four months after the occurrence of the operations. Little, therefore, can be inferred in reference to the value of amputation or any class of amputations, as a means of saving life. To obtain this kind of information, the publication of all the cases operated upon, with their results, is necessary. Something, however, may be gained by reciting a series of different kinds of amputations, with the incidents connected with them, the general results of which are successful.

These cases present most of the peculiarities which are found in military surgery. The men, for instance, had generally been worn down by a long siege, fatiguing marches, and numerous battles. They had been subjected to all the privations of an active campaign, and some of them to those of several, being deprived of the usual camp equipage, bivouacking, and being exposed to the weather and irregular rations for months previous to the occurrence of the wounds which made the amputations necessary. The climate and the season were well calculated to debilitate and poison their systems; thus preventing the healing process from taking place, in tissues exposed to violent solutions of continuity. In addition to all this, many of them had been transported four hundred miles in hospital boats, from the battle-fields to Memphis; most of these cases were operated upon before being removed from the field; and were subjected to the inconveniences of transportation immediately after suffering their amputations. Others were operated upon after their removal, and therefore were subjects of what is always considered a dangerous expedient, viz. a secondary operation. The following facts may, perhaps, be gleaned from the perusal of these cases: first, gangrene, erysipelas, and other forms of the degeneration of the tissues, producing losses and non-union of the latter, are apt to follow operations performed under the circumstances above recited; 2. These conditions of the injured tissues are most apt to follow in localities where the white tissues prevail near the distal extremities, especially near the ankle and wrists; 3. That after an uncertain period, generally two or three weeks—sometimes longer—where the patient enjoys the necessary conditions calculated to restore the health of the system, this tendency ceases, and the recuperative forces of the constitution cause the wounds to heal healthily. In these cases secondary or even tertiary operations may be necessary. 4. Although I have not recorded the fact, most of these cases were young men between the ages of 18 and 25 years. They were therefore, except as far as the conditions above mentioned go, in favorable circumstances for health. 5. These cases show, especially the first sixteen which I have published, that our military surgeons are generally favorable to the double flap operation, in pre-

ference to the circular. It will be found, I think, that the circular operations are preferred by the older members of the profession, especially when performed on the thigh, and that the younger ones resort more frequently to Liston's method. The Continental Europeans appear certainly to prefer the old methods. Both of these modes, both in the army and out of it, have doubtless been abused, by careless and ignorant practitioners. 6. Several cases of severe gunshot wounds of the knee-joint are reported in this series, treated successfully by amputation of the thigh. In collecting these cases I have necessarily fallen upon many interesting ones of resection, which I have not reported, but which, if reported, would present an opportunity of deciding on the relative value of these two modes of operating.

#### CASES AT GAYOSA HOSPITAL, MEMPHIS, TENN.

CASE XVII.—George Kern, private, Co. A, 8th Indiana, was wounded in the left foot at Vicksburg, May 23d, and underwent secondary amputation in the lower third of the limb. The circular form was adopted. The stump was attacked by erysipelas; but at this writing, Sept. 1st, it is nearly well, and the patient is reported as recovered.

CASE XVIII.—Samuel Olean, corporal, Co. K, 10th Iowa. This was a case of gunshot fracture of the right wrist, involving the lower end of the radius. Secondary amputation by circular operation was resorted to in the lower third of the forearm. The wound was received at the battle of Champion Hills, May 16th. The patient was brought to Memphis, where the limb was attacked with sloughing, and secondary amputation was performed. The patient did well, and the wound is nearly healed.

CASE XIX.—Stephen Brayton, private, Co. A, 10th Ill. Gunshot wound in the right hand, received June 26th, at Vicksburg. An attempt was made to save the hand, but without effect. The bones were denuded by sloughing, and fractions of them were removed in two several operations. It was finally resolved to amputate the forearm, which was done, by circular operation, in the middle third. The wound has healed kindly, and the ligatures have all come away.

CASE XX.—Louis Cazeau, private, Co. B, 113th Illinois. This was a wound of the right arm by a cannon ball, received May 28th at Vicksburg. Primary amputation, by circular operation, was performed in the middle third of the arm. As in many other of these cases, gangrene took hold of the stump, and for a time threatened to denude the bone. But, by careful dressing, and the use of nitric acid externally, and iron internally, together with stimulants and a generous diet, the patient has finally recovered.

CASE XXI.—Giles Marsh, corporal, Co. G, 17th Iowa. A gunshot wound of the foot, fracturing several of the bones, was received at Champion Hills, May 16th. After some time had elapsed, in an attempt to save the whole foot, an exsection was resorted to, which involved the four small toes and metatarsal bones. The wound healed kindly, and the patient has recovered, and has a comparatively useful foot.

CASE XXII.—S. L. Morse, private, Co. E, 24th Iowa. This was a gunshot wound of the right knee-joint, received May 16th at Champion Hills. Primary amputation of the thigh in the lower third, by double operation, was resorted to. In this case, again, the soft parts were attacked by gangrene, which was arrested by the usual treatment, viz. nitric acid externally, iron and stimulants internally. The wound has healed, and there remains now only a little tenderness.

CASE XXIII.—Jas. N. Underwood, private, Co. B, 8th Indiana.—The patient was wounded at Vicksburg, May 23d, in the left forearm. The bullet passed through the arm, fracturing both bones. Primary amputation, by the circular method, was performed in the upper third of the forearm. Here again, erysipelas and gangrene attacked the stump. The patient, however, has recovered, and the stump has now healed.

**CASE XXIV.**—John Garing, private, Co. F, 10th Iowa. This was a gunshot fracture of the left forearm. The patient was wounded at Champion Hills, May 16th. Secondary amputation was performed in the middle third by the double lateral flap operation. This case recovered without accident.

**CASE XXV.**—Charles Schröder, corporal, Co. I, 127th Illinois.—A gunshot wound of the right foot, received at Vicksburg, May 13th. Secondary amputation was resorted to in the lower third of the limb. Antero-posterior flaps were made, which covered the ends of the bones. These flaps sloughed off twice, and the bones were as often shortened by the saw. The patient, however, is now doing well, and is classed among the convalescents of the hospital. This is another case among those already recorded, proving the insufficiency of the tissues in the lower third of the leg to bear accidents, involving their integrity after amputations. As accidents, such as mortification, erysipelas, retraction of the tissues, &c., are almost sure to occur in military surgery, it is easy to understand why these amputations should be less successful in the army than in private practice.

**CASE XXVI.**—Francis Rossa, private, Co. G, 24th Iowa. This man was wounded May 16th, at the battle of Champion Hills, producing a gunshot fracture of the right forearm. Primary amputation was performed in the upper third of the forearm. Gangrene attacked the soft parts, denuding the bones, making it necessary to amputate the second time. This latter operation was performed by circular operation, August 15th, in the lower third of the arm. Since that time the patient has done well, the wound has healed and the ligatures have come away.

**CASE XXVII.**—Lafayette Jones, private, Co. E, 25th Indiana.—This young man was wounded at Memphis, July 11th, while on patrol duty. He received a gunshot fracture of the tibia in the upper third. An attempt was made to save the limb, but the violence of the inflammation and the extent of the fracture rendered it impossible. Secondary amputation was performed in the lower third of the thigh (the right) by double flap. The tissues united kindly, and the wound has now almost entirely healed.

#### CASES IN THE JACKSON HOSPITAL, MEMPHIS, TENN.

**CASE XXVIII.**—Matthew Brockway, Co. I, 47th Ohio. Wounded at Vicksburg, June 22d, by the falling of a tree on his leg, producing fractures of the tibia and fibula in the middle third. Amputation was performed on the field the same day, a short distance above the fracture. This case is under treatment, the bones being slightly exposed.

**CASE XXIX.**—Christopher Shafer, Co. D, 7th Illinois Cavalry. Wounded in the knee-joint by a minié-ball, fracturing the bones, and injuring the soft parts. The casualty occurred on the 21st of August last, at Coldwater. The limb was amputated in the Jackson Hospital at Memphis, on the 24th, by Dr. Wasson, in the lower third of the thigh. The case is doing well, and nearly healed.

**CASE XXX.**—David P. Wallis, Co. A, 42d Ohio. This is another gunshot wound in the knee-joint by a minié-ball, producing fracture of the bones, and lacerations of the tissues. It occurred July 11th, at Jackson, Miss. Amputation was performed on the field, in the lower third of the thigh. It is a successful case, the wound having entirely healed. The surgeon performed the circular operation.

**CASE XXXI.**—Peter Heckert, private, Co. E, 120th Ohio. Wounded in the knee-joint by a cannon-ball, fracturing the bones. It occurred July 10th, at Jackson, Miss. Amputation was performed on the field, the day of the accident. The operation was done in the lower third of the thigh. The wound, although not yet entirely healed, is doing well.

**CASE XXXII.**—George Culloner, Co. D, 83d Ohio. A gunshot wound of the ankle, occurring at Champion Hill, May 16th. The joint was very much injured, and amputation was performed on the 4th of June, on board the steamer, while on his way to Memphis. The operation was performed in the middle third of the leg. The wound is not yet entirely healed; the patient is under treatment.

**CASE XXXIII.**—First Lieutenant Frederick Fisher, Co. K, 47th Ohio Infantry, aged 26 years. Wounded at Vicksburg, May 19th. A gunshot wound involving the knee and lower part of the right thigh. Amputation by circular operation was performed May 20th, at the junction of the upper and middle thirds of the limb. The wound in this case did very well, until one day, the patient, in attempting to move on his crutches, slipped and fell. The fall injured the soft parts and uncovered the end of the bone. The wound has now, however, nearly healed again, and the patient is doing very well.

#### NELATON'S PROBE, WITH CASE.

By F. H. HAMILTON, JR., M.D., A. A. SURGEON, U.S.A.

This excellent little instrument has not been brought into the general use and appreciation to which it is already entitled; indeed, its value was fully declared when on its first trial; and in the person of the illustrious Garibaldi, a problem was solved, which had puzzled the most skilful European surgeons. The records of this hospital show several cases where Nelaton's probe has discovered the presence of lead, and, in one case, of iron, where their existence was never suspected, certainly not known. Thus a grapeshot, weighing 2 oz., was discovered, and removed by Dr. James B. Cutter, from the calf of the leg—the patient previously averring that the ball had gone "clean through." In this case the iron, being rusted, left upon the probe a brownish stain. In the following case the instrument discovered the presence of lead.

M. G., private 7th Connecticut Vols., was admitted with a gunshot wound of the left leg, a short distance above the ankle-joint. His medical attendants upon the field had informed him that the ball had merely glanced across, but had not entered the bone. The patient was firm in his belief that there was no ball in the wound. Three months after the receipt of the injury, when under my care, at the McDougall General Hospital, the wound showed no signs of healing; and this fact, together with the thin, dark-colored discharge, led me to suspect the presence of some foreign body, other than dead bone, notwithstanding the statements of the patient to the contrary. I therefore introduced one of Nelaton's probes, and carefully explored the cavity. Removing the probe, and washing off the blood, I found the presence of lead indicated by several marks on the porcelain. Soon after I enlarged the wound, and, cutting down into the tibia on its outer surface, found a small opening into the bone, where the ball had entered. With some difficulty, I then extracted from the substance of the bone, where it was firmly impacted, an entire minié rifle ball, slightly flattened at its apex. I also removed some pieces of dead bone.

After this the wound proceeded to heal kindly, and was soon entirely closed. Necrosis had already occurred in consequence of the presence of the foreign matter, but by its removal the further extension of the necrosis was prevented. These cases would scarcely, in themselves, be of sufficient importance to merit a special record, were it not that they, as well as any others, serve to illustrate the great value of the instrument. The negative evidence furnished by the probe is often as valuable as the positive, for if, upon a thorough and skilful examination of the wound, we fail in obtaining the evidence of lead or iron upon the probe, we are far more confident in asserting that there is no such foreign substance remaining, than we should be after such an examination with the common gunshot probe.

After withdrawing the probe, the blood, pus, or other matter should be removed, by carefully passing the porcelain ball through a basin of clean water three or four times; when the marks, if there be any, of lead or rusted iron will be left plainly defined upon the surface of the bulb. Of course, these marks should be carefully removed before using the probe again.



It would be well, I think, for each surgeon in the United States service to be furnished with at least two different sizes, one of which ought not to be more than one-eighth of an inch in diameter, and which might be used in searching for buckshot, or in traversing channels made narrow by swelling of the tissues; and the other ought to be about one-quarter of an inch in diameter. This little size, I am satisfied, is large enough for any purpose for which it may be used. If intended for a pocket case, the handle or shaft of the instrument may be made in two pieces, to be screwed together, by which means its length may be increased: or it may be made to fit on to the gunshot probe. If the surgeon prefers, also, the two porcelain balls of different sizes may be fastened upon the opposite ends of the same probe, or upon two probes which may be screwed together, by which the length of the instrument could be doubled at pleasure. When the instrument is kept in a pocket-case it ought always to be protected by a neat, securely fitting leathern or gutta-percha case, such as I have seen made by that ingenious instrument-maker, Mr. Tiemann, of New York.

In my opinion this probe ought to be added to the instruments which the government supplies as an outfit to the army surgeons.

McDOUGALL GEN. HOSP., Nov. 16, 1868.

### CHRONIC HEREDITARY CHOREA.

By IRVING W. LYON, M.D.,

HOUSE PHYSICIAN, BELLEVUE HOSPITAL.

THE writer has been familiar from childhood with a type of chorea so unlike in its *origin* to anything described in our standard text-books, that the publication of a few facts in relation thereto has been thought advisable, not only as a matter of interest to the reader, but more especially for the purpose of eliciting the observations of any who may have met with indications of kindred significance.

The peculiarity of origin claimed for this type consists in its hereditary transmissibility: this claim we will endeavor to support by the following facts and considerations:—

The disease, as we have been accustomed to observe it, is known in the community by the name of *migrims*. Of the origin or derivation of the term but little can be ascertained, except the conjecture that it may be a corruption of *megrim*, which word, to say the least, is very inexpressive of any leading character of the malady, which is chorea *in toto*, consisting of "irregular action of the voluntary muscles, when stimulated by the will," and marked by an obstinate chronicity.

It is confined almost exclusively to certain families, so that such are popularly denominated the "*migrim families*;" and the children of parents affected with this disorder are very liable to become the subjects of its manifestations, and in turn transmit it to their offspring. So strong is the conviction of its hereditary influence that the people among whom it occurs believe this to constitute its only legitimate method of propagation, and acting accordingly, have repeatedly been known to interdict marriage alliances between their children and those believed to be tainted with the *migrim* diathesis, under the severe penalties of disinheritorship and social ostracism. It is, however, regarded by many as a disgraceful disease; for what reason it would be difficult to understand, unless we admit the influence of a tradition that ascribes the ultimate origin of the disease to a visitation upon those who reviled and mimicked our Saviour while undergoing crucifixion, that they and their children were ever after affected with choreal irregularities.

Not only do those exempt from the supposed diathesis insist upon its hereditary nature, but even those in whom the disease is manifest are free to admit the same thing, and in one instance a gentleman obligingly volunteered to furnish proof of its existence in his own family for several successive generations.

Aged and very intelligent medical gentlemen, who have practised for the greater part of their professional lives in communities where the so called *migrims* prevail, testify that they entertain no doubt of its hereditary communicability.

We subjoin the histories of three cases.

CASE I.—Mr. A., residing in the town of —, county of —, N. Y., has well marked chorea, which is quite general; so that he is constantly, when awake, making irregular movements with the upper and lower extremities, facial muscles, and more or less with those of the body. This condition has existed for many years, but seems not to interfere materially with his general health, the vegetative functions being well performed. Mr. A. has two brothers and three sisters; the two brothers have themselves never had any choreal symptoms, but one of them has two children in whom well defined chorea has existed for many years; of the three sisters, two have had chorea for the most of their lives, being now past the middle age.

The progenitors of Mr. A., on the male side, were perfectly free from chorea, but not so on the maternal side; his mother had well developed choreal manifestations from early life, which continued till her decease; she had also a brother who died during adult life from the severity of the disease; but to go still further, both the grandfather and great-grandfather of Mr. A., on the maternal side, had the same disorder which we find in their children: whether collateral instances of the affection occurred in the families we are not advised.

II.—Mrs. K., of the town of —, Ct., and a descendant from a family which has long been known and designated as *migrim*, had chorea for the most of her life, being about seventy-five years old at the date of death. She had a family of two sons and three daughters: of these one son and two daughters had chorea, with which disease they attained an advanced age; no satisfactory information can be readily obtained in relation to the offspring of the son and one of these daughters so affected; but the other daughter married, and had a son, who is now forty years of age, in whom chorea has exhibited itself from puberty.

III.—Mrs. W., formerly a resident of —, county of —, N. Y., had chronic chorea, and lived to an advanced age. She stated that her mother was affected with the same disease, together with her mother's father.

To these cases many more might be added, were they deemed necessary to establish the claim premised; let us briefly recapitulate:—

First.—The deep-seated popular belief in the hereditary nature of the disease. Such an argument, it may be urged, is unphilosophical, and popular notions of disease should not be accredited by professional men. But such an objection cannot well be urged here, since the truth of the matter can only be arrived at by observation; and as the symptoms of chorea are patent and easy of cognition to all, we conclude the testimony of any intelligent observer of this disease to be valid and worthy of credence, whether he be educated in the medical profession or not.

Second.—The above reason derives additional support from the acknowledgments of those affected with the disease, for it must be a thorough conviction, that would lead a person to avow a hereditary vice of constitution, which is at once injurious to his reputation and prospects in life; and

Third.—The supposed objections to the first are answered, and it together with the second reason substantiated by the testimony of medical men conversant with the disease. So much for the moral; now for the demonstrative evidence.

We have cited one instance in which chorea was shown to have occurred in a family through five successive generations, and in different persons of the same generation; this is a phenomenon too remarkable to be explained in any other way than the one proposed, and although the first and second cases do not go so far, still they cannot mean anything less than what is claimed for the first case. It

may be well to state, in this connexion, that the advantages for investigating the two last cases were not such as would enable us to decide whether the disease could be traced further back or not.

In conclusion, we would again invite the publication of any facts which may assist in elucidating this subject, for it certainly is one of real interest; and as we know that many physicians are daily observing just what has been described, we are confident that some new and acceptable offering will be made from such sources.

BELLEVUE HOSPITAL, Nov. 17, 1868.

### ON A NEW METHOD OF PERFORMING IRIDECTOMY.

By JULIUS HOMBERGER, M.D.,

NEW YORK.

A GREAT difficulty in performing iridectomy for the purpose of diminishing intra-ocular pressure, consists in the removal of the iris to its *ciliary insertion*. Another necessity, which is also not easily accomplished in many cases, is the excision of a large piece of the iris. As it is necessary to go far beyond the margin of a dilated pupil with a lancet-knife, in order to get a large corneal wound, the danger arises of injuring the lens, which is considerably pressed forward in glaucoma. Again, the instances are not rare where even experienced assistants fail to cut off the iris to the edge, and thus cause a negative result of the operation.

It is not my intention to analyse or to criticise the different modifications which have been invented by Von Graefe, Arlt, Froebeli, Bowman, and others, with a view to do away with these difficulties. No practical eye-surgeon will deny that, in spite of all modern propositions, the execution of iridectomy is still attended by the above-named inconveniences. Therefore, though the method which I am going to describe has not yet stood the test of numerous experiments on living subjects, I do not hesitate to recommend it to the readers of this Journal for further trial, confiding in the easiness of its performance and the certain results which it seems to promise.

With a cataract knife, the point of which, directed towards the centre of the globe, is pushed into the sclerotic at a distance of half a line from the margin of the cornea, a linear opening is made, which, by mere pushing forwards of the knife, is lengthened in a radial direction, until the cut reaches three-quarters of a line beyond the edge of the cornea. During the performance of this cut the back of the knife does not for one moment leave its direction towards the centre of the eyeball. The knife is then gradually withdrawn, so that the aqueous humor is slowly evacuated. By this first act of the operation the anterior chamber is opened, and the iris fissured, from its ciliary insertion, up to a point about half a line distant from its periphery.

The second act of the operation consists in the introduction into the wound of one branch of a fine, but strong pair of scissors, slightly curved laterally. The point of one branch of the scissors is introduced along the posterior surface of the cornea into the anterior chamber, and its cutting edge laid into the angle formed by the junction of the iris and cornea. By one or two movements of the scissors, a wound is produced corresponding with the size of the piece of the iris which is intended to be removed. It will be necessary, in order to introduce the scissors far enough, to enter first but a little way into the wound made by the knife, and to enlarge it by a small, almost rectangular incision.

In the third act, a common iris-forceps is introduced into the anterior chamber, but not in a diagonal direction, as usually. With its points the operator takes hold of that part of the iris next to the angle of the wound, and, by a slight traction (in the direction of a tangent touching the margin of the cornea in the wound), he tears the already fissured iris up to the pupillary margin, and then, by conti-

nued pulling, he severs it from its ciliary insertion. As soon as the iris is torn off up to the opposite angle of the corneal wound, the operator himself, or an assistant, removes the separated segment of the iris, with either knife or scissors.

The advantages of this method I wish to condense in the following points, and would be glad if by my proposition of a more convenient way of performing iridectomy I had contributed a mite to the universal diffusion of this important operation.

1. The opening in the anterior chamber is made in such a way that the instruments do not in any way come in contact with the pupillary region, and there is therefore no danger of injuring the lens.

2. The inner edge of the corneal wound is made with much more certainty in the junction of iris and cornea than with either knife or lance.

3. The tearing of the iris from its insertion loses by the previously made fissure of that membrane the danger of an accidental dialysis, while it insures a peripheral pupil with more certainty than if the iris is cut off after having been dragged out in the manner hitherto practised.

4. The cutting off of the iris may be performed by assistants of little experience, because, even if well executed, it does not, as in the usual methods, make it dangerous or even impossible to resume hold of the iris.

Finally, I may be permitted to remark that I do not consider the division of some fibres of the ciliary muscle (Hancock) of great therapeutical importance, but that I think, that the angular opening, which allows a part, at least, of the aqueous humor to escape for some time, is very favorable to a gradual diminution of intra-ocular pressure. The importance of a compressive bandage during the after-treatment, may, by this circumstance, be considerably lessened, or even totally annulled.

24 West 12th St., N. Y., Nov., 1868.

## Reports of Societies.

### NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, Dec. 2, 1868.

DR. JAS. ANDERSON, PRESIDENT, IN THE CHAIR.

REVIEW OF UNITED STATES PHARMACOPOEIA.

PRIMARY LIST.—Continued.

DR. E. R. SQUIER, of Brooklyn, continued his review of the Pharmacopœia, and first alluded to some articles in the primary list, which he had omitted to mention at the previous meeting.

*Alcohol Fortius* (stronger alcohol) was introduced as a solvent for iodine and like substances.

*Alcohol Dilutum* is the stronger alcohol diluted one-half with water.

*Aurantii flores* is used for making the orange flower water, a useful substitute for the ordinary rose water.

*Cadmium* is introduced for making the sulphate of that metal.

*Coffea* (ground coffee) is added on account of its antidotal effect in opium poisoning.

*Canna* is an addition to the fecula.

*Ferri Sulphuratum* is introduced for making the sulphureted hydrogen, which is so frequently used as a test.

*Leptandra* is a remedy for trial. It is an emetico-cathartic, and eclectics contend that it is a substitute for calomel in its action on the lower and upper part of the canal.

*Matico* is also on trial as an aromatic tonic and stimulant. It possesses no astringent properties.

*Nectandra* has the properties of being antiperiodic and febrifuge. Its active principle is biberine, and is used in the form of a sulphate; it does not excite the circulation or the nervous system like quinine.



*Soda Sulphis* (sulphite of soda) is introduced as a convenient form of applying sulphurous acid in various cutaneous affections, where the pure acid is too irritating.

*Syrupus Fuscus* (molasses) is made official that it may be written for.

This completes all the new introductions into the primary list.

#### SECONDARY LIST.

*Achillea* (yarrow) is an antiperiodic and tonic. On trial. *Angelica* is the root of the *Angelica Archangelica*, and not of the *Angelica Atropurpurea*.

*Berberis* (barberry), root of the *Berberis vulgaris*, is a tonic and purgative.

*Brayera* (koussou) is the celebrated remedy for tape-worm. It is given in powder after a purgative, and while fasting.

*Delphinium* (larkspur), seed changed for the root.

*Euonymus* (wahoo), on trial as a diuretic and tonic. It destroys vermin in the hair effectually.

*Gelsemium* is an indigenous plant, and is said to be an energetic nervous tonic without astringent, nauseating, or purgative properties. There is claimed for it also the property of reducing the force and frequency of the pulse.

*Gossypii radix* (cotton root) is intended as a substitute for ergot.

*Hydrastis* possesses energetic tonic properties.

*Rottlera* (kameela) is a cathartic vermifuge, and may be used in lieu of koussou or pumpkin seed in tape-worm.

*Scutellaria* (scull cap) is an antispasmodic, and is considered as a specific for chorea. It is used in infusion.

**ACETA.**—*Acetum Lobelia* is a preparation which is the most convenient for preserving the active principles of the plant. The same may be said of *Acetum Sanguinariae*.

*Acetum Opii* is changed in formula but not in strength.

**ACIDA.**—*Acidum Hydriodicum dilutum* is a valuable preparation of iodine when the stomach is irritable. *Acidum Muraticum dilutum* is introduced for foot-baths, and should always be used fresh. *Acidum Phosphoricum dilutum* is a valuable nervous tonic. *Acidum Sulphurosum* (sulphurous acid diluted with water) is used as an application for the destruction of parasitic growths. *Acidum Valerianicum* is for making the valerianates.

**ÆTHERA.**—*Æther Fortior* is the pure ether, and *Chloroformum purificatum* the pure chloroform, both of which are used for anæsthetic purposes.

The Academy then adjourned.

#### NEW YORK COUNTY MEDICAL SOCIETY.

STATED MEETING, December 7, 1863.

##### MORTALITY OF THE CITY.

THE Committee on Diseases submitted the following report for the past month. The whole number of deaths during the four weeks ending Nov. 16, was 1747, a rather high degree of mortality. The males, as usual in cities, are in excess, being 940 to 807 females. Of the total number 1047 were natives and 676 of foreign birth. But in extraordinary contrast with this item is the fact often alluded to in our report, that while the native population of New York is nearly double the foreign population, yet the death of children of foreign-born parents is more than seven times that of children of American parents. Thus our present figures of this item stand 87 American parented children died to 653 children of foreign parentage. The indefinite heading "Infantile Convulsions" foots up to 103; then come "Dropsy of the Head" and "Infantile Marasmus," 160. How many maladies are lumped together in the inspector's reports, cannot be guessed. The City Inspector lays the blame of such imperfect classification of disease upon the medical profession of the city, who in most cases write their certificates so as to allow more than one diagnosis. But in his list, inflammation of the bowels is a heading by itself, soon followed by that of diarrhoea and dysentery, and the cholera infantum. The deaths from

bowel affection number this month 147, a high figure for the season of the year.

Affections of the lungs, or congestion, inflammation, and bronchitis, each of which has a separate heading, are high—140—but not especially so for the season. The deaths from phthisis are above the average, viz. 288. Croup also is more than usually fatal, numbering 106. The past month has been remarkable for obstinate catarrhal affections, which doubtless have produced an effect on the bills of mortality. Virus diseases are unfortunately quite prevalent, 54 deaths are reported from scarlatina, 75 from diphtheria, and 81 from typhus and typhoid fevers. The increase from week to week in diphtheria and typhus is so steady that we seem to be threatened with an epidemic of these maladies during the winter. Measles prevail but moderately, only three being reported, and a like figure from small-pox.

(To be Concluded.)

## American Medical Times.

SATURDAY, DECEMBER 19, 1863.

#### FEE AND CONTRACT SYSTEM.

PROFESSIONAL REMUNERATION, perhaps, more vitally interests the mass of American physicians than any other question which can be presented for their consideration. As a people, we are reputed to hold the almighty dollar in profound respect, and as a profession we are not exempt from the national scandal. For the most part we have reduced the practice of physic to a mere matter of business. We measure success by the amount of income, and are strongly inclined to gauge professional excellence by the same standard. The subject of the present article, therefore, possesses peculiar interest, and will doubtless attract the attention of many readers who rarely honor us with a notice.

At the last meeting of the Association for the Promotion of Social Science (England), a communication was read, which advocated the adoption of the contract instead of the fee system by the medical profession. The plan recommended was to dispense with the fee system, and to pay the doctor so much per annum, to include all ordinary work, and a fee to be paid for extraordinary work. Ordinary work was defined to mean periodical visits, attending to the health of the patient, etc.; and extraordinary work was held to be such exceptional services as calls to attend on patients immediately, accidents, and so on. This arrangement, it was considered, would make prevention as well as cure the object of the doctor's care, and assimilate the interests of the physician and patient.

This question has excited a lively discussion in the medical journals, and various are the arguments, pro and con. On the one hand it is alleged that if the physician make a contract of this nature he degrades his calling to the level of the common tradesman; that he is liable to be compelled to an excess of duty by being called when there is no need of his services; that it would lead to dissatisfaction of either patient or physician—of patient, if there was no sickness in the family, and of the physician if there was too much sickness. In favor of this plan it is alleged that it will "prevent many of those disgraceful insinuations which have been brought against medical men of 'creating practice,' of paying unnecessary visits, of perverting hospitalities to the purpose of their profession; and when the

guest playing the doctor," "that it would be so far mutually beneficial, that, while the patient would have no hesitation in sending for the medical attendant at the earliest indication of illness, the practitioner would, on the other hand, feel more reserve in exercising his discretion in the payment of visits, the purposes of which could no longer be misunderstood."

The objections which are urged to the contract plan practically have no foundation. It does not degrade the medical attendant any more to have a stipulated price placed upon his annual services in a family before than after that service is rendered. The "time-honored and respected honorarium," so sacred to many, has equal value in both cases. Besides, how frequently does the physician stipulate to attend infirmaries, dispensaries, manufactories, and life insurances for fixed annual salaries. In these instances, so common in the profession of every town, the contract plan is adopted without even the thought of professional degradation. The allegation that it would lead to overwork would not prove true if the contract exempted, as it ought, all special attendance, as at night, in cases of accident, &c. The arguments in favor of the contract plan are plausible, and deserve to be well weighed. It secures the payment of the services of the physician much more certainly than the fee system. In a far less number of instances we are assured, is the payment withheld under the former than under the latter system. The obligation of the patient may not be any greater morally under one than under the other, but legally he is bound by the contract to make prompt payment. The freedom of the physician to visit the family and prolong his attendance upon the sick is secured by the contract. His visits are not carefully noted, nor is it even intimated to him that his services are not required in a case of convalescence.

But, perhaps, the strongest argument that can be adduced in favor of the contract is, that the physician assumes under it the highest and most dignified functions of his profession. His aim now is to prevent disease; he is now not always called to cure the sick, but he has a higher duty, viz. that of preserving the health. He visits his families as a hygienist; he attends carefully to the conditions which surround the family circle, and corrects any tendency to disease. The dwelling is often examined, and proper ventilation, drainage, &c., secured; the foods are inquired into, and those selected adapted to each member of the family; the clothing is inspected, the right material advised, and the proper style directed. In a word, the physician becomes a house-to-house visitant, advising and directing in all matters pertaining to the health of the occupants. It cannot be doubted that were this system generally adopted the sum of sickness and mortality would be greatly diminished.

The details of the contract plan are made up by the parties themselves. The special sum stipulated must depend upon the size of the family, and the conditions peculiar to each. But there is no reason for making the price less than the sum total of annual fees under the present system. We are informed, on the contrary, by those who have had experience, that it is generally greater.

We have introduced this subject to the attention of the profession as one of considerable importance, and we hope it will be freely discussed. The contract plan is already adopted by some practitioners among us, especially the Germans, and is generally highly approved. If universally adopted, it may prove to be a most beneficial medical reform.

## THE WEEK.

THE *British Medical Journal* thus notices the meeting at Geneva, Switzerland, for the formation of a system of aid to the wounded in war:—

"The groans of the wounded after the battle of Solferino and of other battles of the last Italian campaign, were heard of with deep sorrow at Geneva as well as elsewhere. So deeply were the Genevese impressed with the miseries attending the wounded, that they resolved to form a society for the purpose of administering relief on future occasions of the kind, on a scale equal to the demand. This society has held a meeting at Geneva to which delegates were invited from all the leading governments in Europe. The invitations were warmly accepted; and England was represented by Inspector-General Rutherford who was officially sent there; Austria sent Dr. Unger; France, MM. de Pieval and Bondier; Prussia, Drs. Loeffler and Housselle; and so on. A series of resolutions were passed to the effect, that committees should be formed in all countries to provide for the health of the army; and that such committees should be in relation with their respective governments; that in time of peace the committees should organize a system under which they would be ready to act in case of war; that during war, the belligerent nations should furnish contingents of volunteer assistants; that the expenses of these assistants should be paid solely by their respective committees; and that they should wear a red cross on a white coat as the badge of their service," etc.

THE annual oration before the Academy of Medicine was delivered on Thursday evening, Dec. 10th, at the hall of the University College, by PROF. JOHN W. DRAPER. The subject was the Influence of History upon the Medical Profession, and it was treated by the distinguished orator with the most consummate ability. His studies of history enabled him to illustrate his subject with many exquisite sketches, and enrich it with philosophical deductions. The audience was large and select, and received the address with great favor.

THE condition of the Federal prisoners at Richmond has been greatly improved by the contributions sent from the North. There has also been some action taken by the Rebel authorities. The Rebel Commissary who had subjected the prisoners to starvation was denounced in their Senate in the most unmeasured terms, and has been removed. From COL. SANDERSON, formerly of New York, and now a prisoner at Richmond, we have the gratifying assurance that the supplies from the North were faithfully distributed.

OUR esteemed correspondent, Dr. Parigot, has met with what turned out to be an amusing "episode de voyage." Travelling through Ohio he was arrested by the Provost-Marshal, and his aids, as *John Morgan*, and his two travelling companions as John Morgan's officers. The Doctor, after considerable trouble, proved his identity.

THE LEOPOLDINO-CAROLINAN ACADEMY.—This body, of which Dr. Carus, of Dresden, is now President, so well known to the scientific world by its important *Acta and Nova Acta*, at the present time numbers 570 members. Of these there are 333 in Germany, 46 in France, 34 in England, 27 in Italy, 5 in Spain, 2 in Portugal, 4 in Hungary, 5 in Denmark, 7 in Sweden, 30 in Russia, 2 in Poland, 16 in Switzerland, 24 in Holland and Belgium, 13 in Asia, 4 in Africa, 20 in America, and 2 in Australia.—*Med. Times and Gazette*.

## Reviews.

**MANUAL OF INSTRUCTION FOR MILITARY SURGEONS, ON THE EXAMINATION OF RECRUITS AND DISCHARGE OF SOLDIERS.** With an Appendix containing the Official Regulations of the Provost-Marshal-General's Bureau, and those for the Formation of the Invalid Corps, etc., etc. Prepared at the request of the U. S. Sanitary Commission, by JOHN ORDONAU, M.D., Prof. of Medical Jurisprudence in Columbia College, New York. Van Nostrand, 1863. Pp. 238.

**A MANUAL OF INSTRUCTIONS FOR ENLISTING AND DISCHARGING SOLDIERS.** With Special Reference to the Medical Examination of Recruits, and the Detection of Disqualifying and Feigned Diseases. By ROBERTS BARTHOLOW, A.M., M.D., Assistant-Surgeon U. S. Army, Surgeon in Charge of McDougall General Hospital, Prof. of Medical Jurisprudence, Army Medical School. Adopted by the Surgeon-General for Issue to the Medical Officers of the Army. Philadelphia, J. B. Lippincott & Co., 1863. Pp. 276.

At the commencement of this war we had but a single Manual (Henderson's) on the duties of the medical recruiting officer, and that was but the merest synopsis. There has been a demand for a work more comprehensive, and still not so elaborate as to be removed from the class of manuals. Two works almost simultaneously appeared, both of which aimed to supply this deficiency.

The work of Prof. ORDONAU was prepared at the request of the U. S. Sanitary Commission, and is brought forward as a contribution to Military Medical Jurisprudence. The author states that "the manual is, for the most part, a free translation of the French code," with however such reconstruction of certain parts, and alterations, as to adapt it to the use of the American profession. The first five chapters are devoted to general considerations, and the remainder to a careful examination of individual diseases. The arrangement of subjects is such as to admit of easy reference. Each individual disease is briefly described, and the special causes are given for exemption or discharge. The work is written in a compact but clear and forcible style, and is a most useful guide to those engaged in recruiting. Prof. O. deserves commendation for his labor in preparing this useful manual. The learning and ability exhibited in its preparation sustain the well earned reputation of the author.

The work of Dr. Bartholow is not so full as that just noticed, nor is there that completeness in the detailed treatment of individual subjects. It is, however, more decidedly an American work, as the author bases his conclusions very much upon statistics gathered in this country. The author has aimed to adapt the manual to the wants of the surgeon, and he has succeeded in his design. The work is divided into four sections, as follows:—1. Real Disqualifications for Military Service; 2. Pretended Disqualifications for Military Service; 3. Enlisting Soldiers; 4. Discharged Soldiers. It closes with a glossary.

We regard these works as very important additions to our military medical literature, and recommend them as safe and valuable guides to those engaged in the army service.

**SYNOPSIS OF THE COURSE OF LECTURES ON MATERIA MEDICA AND PHARMACY,** delivered in the University of Pennsylvania; with three lectures on the *modus operandi* of medicines. By JOSEPH CARSON, M.D. Third Edition, Revised. Philadelphia: Blanchard & Lea, 1863. Pp. 244.

The bulk of this work is a synopsis of the author's annual course of lectures on *Materia Medica*, and possesses little interest except to his immediate students. In the latter part we find three lectures on the *modus operandi* of medicines, in which the author brings forward the usual proofs of their action through the nervous system and by absorption.

## Correspondence.

### RHINOPLASTY IN AMERICA.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The recent performance of an important operation in the New York Hospital, by Dr. G. Buck, for repairing an extensive injury of the face, has led to our ascertaining the fact, not, we believe, generally known, that *the honor of first performing rhinoplasty in this country* belongs to our respected fellow citizen, Dr. I. P. Batchelder, and it is due to him, as well as to the history of the operation and the credit of American surgery, that it should be placed on record.

We observe that on the list of rhinoplastic operations performed in this country, in Mott's *Vulpeau*, p. 626, vol. 1, Dr. B.'s name is not mentioned. Your readers who may be curious on the subject will find an account of Dr. B.'s case, written by himself, in No. 21 of vol. 1 of the *New York Med. and Surg. Reporter*, edited and published in this city in 1846, by Dr. Clarkson T. Collins, which we republish for their edification.

W. C. B.

NEW YORK, Dec. 15, 1883.

"Early in the month of July, 1828, while riding in a neighboring town (New Hartford, Oneida Co., N.Y.), my eye fell upon a man whose appearance indicated the loss of his nose. I called him to me, and found that such was the fact. After a hasty examination he was informed that a surgical operation might be with some probability of success performed, which would, to a considerable extent, remedy the deformity caused by the privation. The nature of the operation was briefly explained to him. As he seemed to listen to the proposition, he was also told that if after due consideration he should be disposed to have the experiment tried, I would undertake it. Having fully made up his mind, he presented himself on the eighth of that month, and demanded that the operation should be forthwith performed. Both alæ, with the exception of a very small remnant of the right, which stood out from the surface about one-twelfth of an inch, and the whole cartilage of the nose, were gone. A part of the right and the whole of the left nasal bone, and the anterior extremities of the inferior and middle turbinated bones, and a considerable portion of the septum nasi, had been likewise destroyed. About two years before the sores were completely healed, since which the parts have remained perfectly sound.

Being an intelligent and tolerably well educated man, he entirely comprehended the nature of the operation which was now more fully explained to him in the detail, and declared that he was willing to undergo any amount of suffering consistent with the preservation of life (and even that he was not unwilling to jeopardize, for it had long been a burden to him), which might be necessary for even a partial removal of the deformity which had shut him out from society and blighted all his prospects, present and future, for it had made him a drunkard. The promise made and the pledge exacted, the operation was performed in the following manner:

A piece of paper or pasteboard, which was to serve as a model in size and shape for the nose to be manufactured, was prepared and fitted, and the parts, upon which the new organ was to be engrafted, denuded. What remained of the right ala was nearly all pared away before a proper surface could be formed. On the left, about the same distance from the mesial line as that occupied by the remnant of the right ala just described, a groove of about two lines in width and one in depth was made for the reception of the margin of the flap to be brought down from the forehead. Some calculation was also made respecting the length, direction, and size of the pedicle by which the flap was to be nourished until union with the parts to which it was to be attached was so far perfected as to furnish



adequate support; and, for the more certain attainment of that object, it was furthermore designed that the pedicle should include the left angular or frontal artery, whose faint pulsations could be just perceived. It was also intended that the direction of the pedicle should be such that the cicatrix would occupy as nearly as possible the left perpendicular wrinkle, which, like its fellow on the right side, extended down to the root of the nose between the eyebrows. It was moreover determined to take the flap from the left side of the forehead, midway between the left eyebrow and the hairy scalp. The design of this was to have the lower part of the cicatrix that must remain exposed, correspond as nearly as might be with the wrinkle on the opposite side, and its upper portions extending towards the scalp covered by the overhanging foretop. Another reason for taking the flap as above described was that in bringing it down the torsion would be less than if it had been taken from the middle of the forehead. The paper form was now laid upon the forehead, and an incision corresponding in shape, was made all around it except on the side next the nose. In making this incision, due allowance was made for the shrinkage of the flap, which it was thought might follow its entire separation. Although this supposition, based on no experience or information, was altogether gratuitous, yet the result proved that the precaution was not entirely unnecessary, for if it had not been adopted the subsequent contraction might have defeated the end in view; or at least have rendered the result much less satisfactory than it proved to be. The flap was now detached, and as soon as the oozing of blood from it and the denuded surfaces had entirely ceased, the edges of the former were applied to the latter, and there confined by means of five or six sutures, interrupted or twisted according as the one or the other was found to be most convenient. The pins used for the twisted sutures were fine cambric needles curved or straight to suit the place of application, the points were made to penetrate only just so far through as to make room for one or two turns of a thread around them. In the application of the sutures great care was taken not to strangle the intervening portions of integument, that sloughing and absorption might be avoided. To some of the spaces between the sutures strips of silk cloth thinly spread with the best English adhesive plaster were applied. The lips of the wound on the forehead were now brought as much in contact as possible, and retained by means of sutures and adhesive straps, and we were not a little surprised and gratified to see how much was accomplished in this way, for, when the wound was finally healed, the scar was much less than had been anticipated. The operation was now finished. During the progress of the cure the parts were carefully watched, and caution taken to prevent undue inflammation, and also any accident which might disturb the process of adhesion. The patient, with his hands secured, was directed to spend his nights in an easy chair, while a pupil watched him during sleep, to preclude all chances of accident.

"On the fourth and fifth days from the operation, the sutures were all removed, the process of adhesion having so far advanced that the sticking plasters were exclusively relied on to keep the parts in contact, while the precautions just mentioned were continued until the union was complete. On the twenty-third (fifteen days from the operation), the pedicle was divided at the point near its junction with the forehead, and turned down towards the end of the nose, and the integuments on the left side slit open and turned aside, and that portion of the pedicle which still made a part of the adventitious nose, after having been pared and shaped so as to make a good substitute for the left nasal bone that had been destroyed, was nicely fitted into the slit, and confined there by passing a fine cambric needle through it and the integuments on each side of it. The union by the first intention between them and the interpolated pedicle was soon completed, and the pin removed. On the first of August, every part of the wound

was healed, and the cure pronounced complete. Although the organ had somewhat of an unusual appearance, yet the union was so perfect, and the deformity so far removed, that persons doing business with the patient would not have suspected that any operation of the kind had been performed. Even his companions sometimes rallied him, saying that the new nose looked much better than the old one, and that he had been improved in appearance by the change. It will be observed that no provision for a septum was made. The reason of this omission was a sort of *a priori* opinion entertained by the operator that it would prove of little use in supporting the part; but might by its contraction rather draw it down than keep it up; and it is believed that this view has been, to a certain extent, sustained by subsequent experience. It is hardly necessary to add that the patient and his friends were highly delighted with the result. Drs. Pomeroy and Burge, of Utica, Dr. Wells, now of Pompey, and several other medical gentlemen, whose names are not recollected, assisted in the operation.

"In the winter following, another operation was performed for remedying a deformity occasioned by the destruction of the lower lip, incisor teeth, and their alveolar processes; a deformity not much less disgusting, and infinitely more troublesome, as will be readily conceived, than that caused by the loss of the nose. In this case the substitute was taken from the neck, and the cure was completed in fifteen or twenty days.

"I have since performed a considerable number of anaplastic operations of one kind or another, all of which were successful, with the exception of one, which was a total failure. Every step of the operation having been accomplished in the most satisfactory manner, no misgivings as to the result were entertained; but gangrene seized upon the flap. Nearly the whole cheek with the alveolar processes in both jaws on the left side having been destroyed by the too free use of mercury, the little girl, who was only ten or eleven years old (too young, I think, for such a operation), had acquired the habit of thrusting her tongue through the opening, from which it was impossible for her to refrain. To prevent that action, which would inevitably disturb, and in all probability, defeat the success of the operation, a silver plate was accurately fitted inside the vacuity in the jaws, by Mr. Gilbert Foster, a very ingenious and skilful dentist of Utica, and this, with the tender age of the patient, was in my opinion, the cause of failure.

"I should now advise the postponement of such an operation to a more advanced age, when the solids of the body may be supposed to have acquired more stamina. In one other case a partial failure was experienced, owing, as I think, to the attempt having been made to fill the deficiency with integument, which had been subjected to previous inflammation, ulceration, and cicatrization. Although the accident had occurred in early infancy, some twenty-five or thirty years before, and the portion of flesh appeared to be perfectly healthy and sound, nevertheless it contracted, and ultimately gave way to a small extent, which prevented the entire success of the operation to the no small regret of both patient and operator, who learned therefrom a lesson which has been of use to him in subsequent practice, by teaching him in anaplastic operations to avoid as much as possible all such materials for filling deficiencies."

#### THE BRITISH TREATMENT OF PRISONERS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In several late numbers of the MEDICAL TIMES you have noticed the condition of the Federal prisoners at Richmond. As the London *Lancet* has complacently thanked God that English wars have never been marked by any of the barbarities reported in this country, I desire to call its attention to the following from "*Lossing's Field Book of the Revolution*." These extracts are almost a repe-

tition of the reports from the Southern Prison House. The scene of these barbarities is New York, and the actors the British military authorities in the time of the revolution.

"The 'New Jail' was made a provost prison, where American officers and the most eminent Whigs, who fell into the hands of the British, were confined. Here was the theatre of Cunningham's (provost-marshal) brutal conduct towards the victims of his spite. The prisoners were formally introduced to him, and their name, age, size, and rank were recorded. They were then confined to the gloomy cells, or to the equally loathsome upper chamber, where the highest officials in captivity were so closely crowded together that when, at night, they lay down to sleep upon the hard plank floor, they could change position only by all turning at once, at the words *right—left*. Their food was scanty and of the poorest kind, often that which Cunningham had exchanged at a profit for better food received from their friends or the Commissaries. Little delicacies brought by friends of the captives seldom reached them, and the brutal Cunningham would sometimes devour or destroy such offerings of affection, in the presence of his victims, to gratify his cruel propensities. Thus for many months, gentlemen of fortune and education, who had lived in the enjoyment of the luxuries and the refined pleasures of elegant social life, were doomed to a miserable existence, embittered by the coarse insults of an ignorant, drunken Irish master, or to a speedy death caused by such treatment, the want of food and fresh air. . . . Still greater cruelties were practised upon the less conspicuous prisoners, and many were hanged in the gloom of night without trial or known cause for the foul murder."

"Next to the provost prison, the sugar-house in Liberty street was most noted for the sufferings of captive patriots. . . . Within this gloomy jail the healthy and the sick, white and black, were indiscriminately thrust; and there, during the summer of 1777, many died for want of exercise, cleanliness, and fresh air. 'In the suffocating heat of summer,' says Dunlap, 'I saw every aperture of those strong walls filled with human heads, face above face, seeking a portion of the external air.' At length, in July, 1777, a jail fever was created, and great numbers died. During its prevalence the prisoners were marched out in companies of twenty to breathe the fresh air for half an hour, while those within divided themselves into parties of six each, and then alternately enjoyed the privilege of standing ten minutes at the windows. They had no seats, and their beds of straw were filled with vermin. . . . In messes of six they received their daily food every morning, which generally consisted of mouldy biscuit filled with worms, damaged peas, condemned pork, sour flour and meal, rancid butter, sometimes a little filthy suet, but never any vegetables. . . ."

The condition of the prisoners on board the Jersey prison ship is thus described: "Every morning the prisoners brought up their bedding to be aired, and, after washing the decks, they were allowed to remain above till sunset, when they were ordered below with imprecations, and the savage cry, 'down, rebels, down!' The hatches were then closed, and in serried ranks they lay down to sleep, if possible, in the putrid air and stifling heat, amid the sighs of the acutely distressed and the groans of the dying. Each morning the harsh order came below, '*Rebels, turn out your dead.*'"

Yours, etc.,  
T. D.

#### OPERATION OF BRONCHOTOMY.

(To the Editor of the AMERICAN MEDICAL TIMES.)

SIR:—I notice in the AMERICAN MEDICAL TIMES, No. 21, a tabular statement of cases of bronchotomy. Case 6, oedematous glottis from inhalation of steam, is stated to have been operated upon by Dr. PARKER. I was then House-Surgeon, and the operation was performed by myself, at Dr. Parker's request. You will much oblige me by mak-

ing the correction, and accord that justice in this trifling matter which has been so accurately rendered to my confrères, Drs. NOYES, WEIR, and RAY.

Yours, etc.,

BRADFORD L. B. BAYLIES, M.D.

ASTORIA, L. I., Nov. 28, 1868.

## Army Medical Intelligence.

### ORDERS, CHANGES, &c.

The following Orders have recently been issued from the War Department:

Assistant-Surgeon Joseph H. Bailey, U.S.A., retired, now on special duty with the Governor of New York, will at once repair to Washington, D. C., for the purpose of settling his accounts. On the completion of this order he will resume his duties.

The telegraphic order of the 5th inst., from the Surgeon-General's Office (by order of the Secretary of War), directing the Medical Director at Philadelphia, Pa., to relieve Edward Shippen, U.S.V., from duty at South Street Hospital, and order him to report to Assistant Surgeon-General Wood, at Louisville, Ky., for duty in the field, is hereby confirmed.

Leave of absence until further orders, is hereby granted Surgeon John H. Bayne, U.S.V.

Hospital Steward B. F. Bigelow, U.S.A., is hereby honorably discharged the service of the United States, to accept a position in the U.S. navy.

Acting-Assistant-Surgeon F. H. Patton, 12th Virginia Vols., is hereby granted an extension of ten days to the time hereafter allowed by S. O. 528, Nov. 28, 1868, from the War Department.

Surgeon Daniel Meeker, U.S.V., recently released as prisoner of war from Richmond, Va., will report in person to Assistant-Surgeon-General Wood at Louisville, Ky., for assignment to duty. Permission to delay reporting for twenty days is hereby granted him. (Dec. 8, 1868.)

Surgeon Charles E. Swasey, U.S.V., now on duty as Attending-Surgeon to sick and wounded officers at Frederick, Md., will report in person without delay, for duty, to the Commanding General of the Department of the Missouri, and by letter to Assist-Surgeon-General E. C. Wood, U.S.V., at Louisville, Ky.

Assistant-Surgeon W. H. Park, 49th Ohio Vols., is hereby granted an extension of ten days to the time heretofore allowed him by Special Orders No. 528, Nov. 28, 1868, from the War Department.

Upon the recommendation of a Board of Officers, convened by Special Orders No. 294, July 3, 1868, from this office, the following officers are hereby honorably discharged the service of the United States, on account of physical disability.

Surgeon Jonathan R. Shreve, 90th Pennsylvania Vols.

Lieut.-Col. C. C. Keeney, U.S.A., Medical Inspector, will report in person to the Commanding General of the Department of the Pacific, for duty as Medical Inspector of that Department.

Assistant-Surgeon William M. Notson, U.S.A., now on sick leave, is hereby relieved from duty with the Army of the Potomac, and will report in person, without delay, to the Surgeon-General of the United States Army, for orders.

Leave of absence, for twenty days, on Surgeon's certificate of disability, is hereby granted to Surgeon Enoch Pearce, U.S.V.

The leave of absence granted Surgeon James T. Reeve, 21st Wisconsin Vols., in Special Orders No. 528, Nov. 28, 1868, from the War Department, is hereby extended ten days.

Medical Cadet Joseph R. Draper, U.S.A., is hereby honorably discharged the service of the United States, to accept an appointment as Assist-Surgeon, 14th Regiment Rhode Island Heavy Artillery (colored).

By direction of the President, the following named Medical Officers are hereby discharged the service of the United States, for incompetency:

—Assistant-Surgeon William Wescott, 17th Maine Vols.; Assistant-Surgeon W. H. Jewett, 8d Maine Vols.

Assistant-Surgeon C. O. Wright, 35th Ohio Vols., and Act-Assistant-Surgeon W. S. Hosack, 78th Pennsylvania Vols., recently released as prisoners of war from Richmond, Va., will join their regiments. Permission to delay reporting for twenty days is hereby granted them.

The telegraphic order from the War Department, dated Dec. 4, 1868, granting Surgeon J. Simpson, Medical Director at Baltimore, Md., permission to visit Washington, is hereby confirmed.

The Secretary of War has decided, on the recommendation of Colonel E. D. Townsend, approved by Major-General Halleck, that Hospital Stewards are entitled to the same bounty (\$402) as other recruits for the Regular Army.

The new Hospital at Presidio de San Francisco, California, has been announced as a General Hospital. Surgeon John O. Bronson, U.S.V., has been placed in charge.

Surgeon John G. F. Holston, U.S.V., has been assigned to duty as Medical Inspector of Hospitals at Memphis, Tenn.

Assistant-Surgeon Charles H. Hood, U.S.V., is on duty in charge of Contrabands in Hospitals and Camps, at Murfreesboro', Tenn.

Surgeon Edward McDonnell, U.S.V., has been assigned to duty as Surgeon-in-Chief, District of Baton Rouge, La.

Surgeon Henry S. Hewitt, U.S.V., is on Surgical duty in the Hospitals at Chattanooga, Tenn.

Surgeon Frederick Lloyd, U.S.V., to duty in charge of Jefferson Hospital, Memphis, Tenn.

Assistant-Surgeon J. C. Norton, U.S.V., to duty connected with the transportation of sick and wounded men from Kelly's Ferry, Tenn., to Bridgeport, Ala.

Assistant-Surgeon A. B. Chapin, U.S.V., to duty as Executive Officer, General Hospital, Annapolis Junction, Md.

Surgeon S. B. Davis, U.S.V., has been relieved from General Hospital, Leavenworth city, Kansas, and assigned to duty as Medical Director E. W. Missouri, at Springfield, Mo.

Assistant-Surgeon J. W. Leete, U.S.V., and Act.-Assist.-Surgeon H. M. Drach, have accompanied the 8d Maryland Cavalry to New Orleans, La.

Assistant-Surgeon James Chapman, 90th New York Vols., is hereby honorably discharged and mustered out of the service of the United States, to date April 21, 1863, he having been appointed Surgeon of the 123d New York Vols.

So much of General Orders No. 38, October 30, 1863, from Head Quarters, Department of the Pacific, as dismissed Assistant-Surgeon Robert Parker, 4th California Volunteers, for violation of the 9th, 45th, and 83d Articles of War, and for conduct prejudicial to good order and military discipline, is hereby confirmed by the President of the United States.

Leave of absence for ten days has been granted to Surgeon W. O. Baldwin, 2d D. C. Volunteers.

Surgeon James Bryan, U.S.V., is hereby relieved from duty in the Army of the Tennessee, and will repair to New York city as Examining Surgeon for Volunteer recruits at that place.

Surgeon James D. Strawbridge, U.S.V., is hereby relieved from duty in the Army of the Tennessee, and will at once enter upon the duties of Examining Surgeon of Volunteer recruits at Philadelphia, Pa.

They will at once report by letter to the Provost Marshal General of the United States for instructions.

By direction of the President, the following Officer is hereby dismissed the service of the United States:—

Surgeon J. E. Quidor, U.S.V., for conduct unbecoming an officer and a gentleman, to date November 30th, 1863.

## Medical News.

PROF. ARMSLY, of Albany, N. Y., recently applied a ligature successfully to the subclavian artery.

DR. P. G. FORE, of Cincinnati, has gone to Europe for his health.

ICE IN SEA-SICKNESS.—Ice is recommended as a sure remedy as well as a prophylactic against sea-sickness. A traveller states that he has tried it himself with success, and that if the stewards of steamers would keep a supply of lemon water ices on board, they would profit themselves and render great service to their passengers.—*Phil. Med. Reporter*.

A MEMORIAL has been presented to the Trustees of the Free City Hospital, in behalf of about eight hundred citizens of Boston, of all professions, asking that a part of the Hospital may be devoted to the practice of homoeopathy.

THE VACCINATOR.—This is the name of a new instrument which Mr. W. J. M. Gordon, of Cincinnati, is introducing to the notice of the profession. Quite a number of our physicians have tried it, and every one is greatly pleased with the ingenious instrument. It is constructed as an ordinary spring lancet, except that the blade terminates in a tubal point.

MEDICAL SCHOOLS.—Everywhere, so far as we hear, the medical schools of our country are entering upon a prosperous winter. In this city there is an unusually large number of students already in attendance. The amphitheatre of the Commercial Hospital is crowded at all the clinics; There are between four and five hundred students at each of the old schools of Philadelphia, and we have a like report from the schools at New York city. The Bellevue Hospital Medical College will, we learn, have a class of about three hundred, which is a fine compliment to the energy of this young institution.—*Cin. Lancet & Obs.*

BELLADONNA AND SULPHATE OF ZINC IN WHOOPING COUGH.—M. Garraway contributes to the *London Lancet* his experience with belladonna and sulphate of zinc in the treatment of whooping cough in fifty cases. He reports most excellent results, the cough being brought under control or entirely arrested in periods varying from one to three weeks. His mode of administering these remedies is thus described:—"The mode of administering the belladonna was in the form of extract, either diffused in water with the sulphate of zinc and sufficient syrup to make it agreeable to young children, or to those who were old enough and preferred it in the form of pills—the dose being from one-sixth to one-fourth of a grain of the extract, and one-half to a grain of the zinc, three or four times a day, steadily increasing the amount, till at the end of three weeks children of five or six years old would be

taking from four to six grains of belladonna, and twice that quantity of sulphate of zinc, daily."—*Lancet & Obs.*

BERKSHIRE MEDICAL COLLEGE COMMENCEMENT.—The Berkshire Medical Institution had its annual commencement in November. The Diplomas were awarded to the graduates by the venerable President, Dr. H. H. Childs, and delivered by the Dean, Prof. Greene. We give the names, residences, and subjects of these:—

Kirk H. Bancroft, Lowell, Pneumonia; Maurice K. Bennett, Burlington, Ct., Gonorrhoea; Charles F. Couch, Pittsfield, Etiology; A. P. Folsom, Oldtown, Me., Exercise; Wm. H. Graves, New Milford, Ct., Death; Wm. H. Gray, Acton, Scorbutus; E. W. Loveland, South Hartford, N. Y., Importance of a correct Diagnosis; J. F. Niver, Cedar Hill, N. Y., Fractures; C. A. Osborn, Oneida Lake, N. Y., Puerperal Fever; Ralph Sherwood, Fairfield, Vt., Intra-Capsular Fracture Cervix Femoris; David Stephens, Addison, N. Y., Shock; R. S. Turner, Morristown, N. Y., the Human Skin; Frank Whitman, Bernardston, Caxalgia; J. J. Woodbury, North Dana, Dyspepsia; J. K. Draper, U.S.A., Quinia; B. H. Gaskill, Painesborough, Ohio, Physiology of Circulation.

Dr. Childs addressed the class with much feeling, complimenting them upon the high rank that they had taken as professional scholars, and invoked the Divine blessing on their future course. The Honorary Degree of M.D. was conferred upon Drs. M. A. Patterson of Michigan, and Jonathan Brown of Massachusetts. The commencement address was given by Dr. Pliny Earle, Professor of Materia Medica, Hygiene and Psychological Medicine. The address was upon the importance of teaching the latter branch of his professorship in American Medical Schools, where it seems to have been strangely neglected—the Berkshire College having been the first, and thus far the only institution to establish a chair for instruction in this, which Prof. Earle justly styled the noblest branch of medical science—that which treats of diseases of the mind. In Europe, it was remarked, it is carefully taught. Prof. Earle treated his subject with the earnestness of an enthusiast, with the feeling of a philanthropist, and with all the ability of a strong and logical mind, thoroughly informed upon the subject discussed. There were no tricks of oratory about the address, but we have rarely followed a speaker with so deep and sustained interest to the close of his remarks. We hope that Prof. Earle will long continue to be connected with our home college.

Dr. Childs read the following resolution passed by the trustees, concerning the death of Mr. I. W. Doten, of the graduating class:—

*Resolved*, That the Trustees, impressed with a sense of the worth of Mr. I. W. Doten as a Medical Student of great promise, regret that his removal by death just before graduating, has prevented them from conferring the Degree of M.D. this day, which we should have done with great pleasure.

The alumni anniversary occurred on the previous evening, when a very able oration was delivered by Dr. Noah Cressey of Canaan Center, N. Y., followed by addresses from Professors Childs, Chadbourne, Seymour, and Greene, and Drs. T. K. and Oscar De Wolfe.

The present Faculty of Medicine is constituted as follows:—Henry H. Childs, M.D., President; Wm. Warren Greene, M.D., Dean; Henry H. Childs, M.D., Emeritus Professor of the Theory and Practice of Medicine; Timothy Childs, M.D., Professor of Military Surgery; Corydon L. Ford, M.D., Professor of Anatomy and Physiology; William P. Seymour, M.D., Professor of Obstetrics and Diseases of Women and Children; Wm. Warren Greene, M.D., Prof. of Principles and Practice of Surgery and Clinical Surgery; Paul A. Chadbourne, M.D., Professor of Chemistry and Natural History; Alonzo B. Palmer, M.D., Professor of Pathology and Practice of Medicine; Pliny Earle, M.D., Professor of Materia Medica, Hygiene and Psychological Medicine; E. B. Lyon, M.D., Demonstrator of Anatomy and Prosector of Surgery; A. J. Bigelow, Prosector to the Prof. of Military Surgery; Edward H. Sexton, A.M., Clerk of Clinique.



## MARRIED.

BODENHAMER-SMITH.—On Wednesday, Dec. 9th, Dr. W. H. BODENHAMER to Miss M. L. SMITH, all of this city.

CARMALT-JOHNSON.—On Tuesday, Dec. 8th, in Christ Church, Stratford, Conn., by the Rev. George D. Johnson, Dr. WILLIAM HENRY CARMALT, of New York city, to LAURA WOOLSEY, youngest daughter of William Samuel Johnson, of Stratford.

CROOKER-WARREN.—At Castleton, Vt., 1st inst., BENJ. T. CROOKER, M.D., Surgeon at Balfour Hospital, Portsmouth, Va., of Bridgewater, Mass., to Miss ROXANNA WARREN, of C.

## DIED.

CARTER.—At Sanbornton Bridge, N. H., Nov. 27th, Dr. MOSES CARTER, aged 81, recently from Concord, N. H., and formerly of Amesbury, Mass.

MERRILL.—At Gardiner, Me., Oct. 29th, JOSEPH MERRILL, M.D., aged 53.

## METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 7th day of Dec. to the 14th day of Dec., 1863.

Deaths.—Men, 80; women, 97; boys, 122; girls, 108; total, 407. Adults 177; children, 230; males, 202; females, 205; colored, 19. Infants under two years of age, 182. Children born of native parents, 25; foreign, 180.

Among the causes of death we notice:—Apoplexy, 5; infantile convulsions, 28; croup, 34; diphtheria, 22; scarlet fever, 27; typhus and typhoid fever, 22; consumption, 58; small-pox, 3; measles, 0; dropsy of head, 9; infantile marasmus, 18; cholera morbus, 0; cholera infantum, 0; inflammation of brain, 3; of bowels, 6; of lungs, 29; bronchitis, 12; erysipelas, 4; diarrhoea and dysentery, 8. 221 deaths occurred from acute diseases, and 34 from violent causes. 235 were native, and 122 foreign; of whom 115 came from Ireland; 41 died in the City Charities; of whom 7 were in Bellevue Hospital, and 14 died in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Dec. 1863.	SIX A.M.				TWO P.M.				TEN P.M.			
	Temp. Below.	Temp. Below.	Barometer.	Wind.	Temp. Below.	Temp. Below.	Barometer.	Wind.	Temp. Below.	Temp. Below.	Barometer.	Wind.
6th.	17 19	2	30.81	N.W.	26	4 30.88	N.W.	22	2 30.40	W.		
7th.	15 15	3	30.51	N.W.	25	4 30.50	W.	23	2 30.47	J.W.		
8th.	17 15	3	30.81	N.W.	35	6 30.15	S.W.	31	3 30.04	S.W.		
9th.	14 27	2	29.90	S.W.	40	6 29.96	S.W.	24	3 30.10	N.W.		
10th.	11 12	3	30.16	N.W.	24	4 30.20	W.	17	2 30.21	N.W.		
11th.	9 11	2	30.80	N.W.	25	4 30.81	S.W.	25	2 30.27	N.E.		
12th.	31 35	1	30.20	Fog.	37	1 30.17	N.E.	39	1 30.01	N.E.		

REMARKS.—6th, 7th, 8th, 9th, and 10th. Wind mostly fresh; weather clear. 11th. Fresh wind; cloudy; snow storm after 3 P.M. 12th. Fog, with light rain, most of the day; rain-fall  $\frac{3}{4}$  inch.

## SPECIAL NOTICES.

SECTION OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN OF THE NEW YORK ACADEMY OF MEDICINE.—The regular monthly meeting of this Section will be held at the house of the Chairman, Dr. S. T. HUBBARD, 47 Ninth street, on Monday next, 21st inst., at 8 o'clock P.M.

SECTION OF SURGERY AND SURGICAL PATHOLOGY.—A Stated Meeting of this Section will be held at the residence of the Chairman, Dr. JAMES R. WOOD, No. 2 Irving Place, Friday, Dec. 25th, 1863, at 8 o'clock, P.M. Subject for discussion—"Expediency of Amputation of the Thigh, either in its Continuity or at the Hip-Joint, in Gunshot Fractures."—(Continued.)

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